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FROM: Daniel M. Scolnick, Ph.D.

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OFFICE OF PETITIONS

OF PAGES (INCLUDING COVER): 13

FILE NAME: UPN00015-103

DATE: August 11, 2005

FILE #: 141415

RECIPIENT(S)	PHONE	FAX
Examiner Joyce Tung USPTO, GAU 1637		571.273.8300

MESSAGE:

U.S. PATENT APPLICATION NO. 09/977,716
FILING DATE: October 15, 2001

ENCLOSED FOR FILING, PLEASE FIND THE FOLLOWING DOCUMENTS:

- Transmittal Form (1 page)
- Fee Transmittal (w/auth to charge Dept. Acct. \$665.00) (dupl.)
- Amendment (7 pages)
- Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b) (2 pages)

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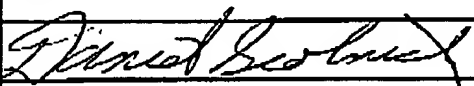
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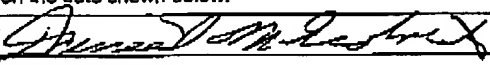
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/977,716
	Filing Date	October 15, 2001
	First Named Inventor	Mark I. Greene
	Art Unit	1637
	Examiner Name	Joyce Tung
Total Number of Pages in This Submission	Attorney Docket Number	UPN0015-105

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Daniel M. Scolnick		
Date	August 11, 2005	Reg. No.	52,201

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Daniel M. Scolnick	Date	August 11, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEE TRANSMITTAL for FY 2005		Application Number	09/977,716
		Filing Date	October 15, 2001
		First Named Inventor	Mark I. Greene
		Examiner Name	Joyce Tung
		Art Unit	1637
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	UPN0015-103
TOTAL AMOUNT OF PAYMENT (\$)		665	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
<u>16</u>	-20 or HP= <u>0</u>	x _____ = _____	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
<u>2</u>	-3 or HP= <u>0</u>	x _____ = _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Charge for Petition Fee to Revive Unintentional Abandonment :

\$665

SUBMITTED BY

Signature	<u>[Signature]</u>	Registration No. (Attorney/Agent)	62,201	Telephone	2156656928
Name (Print/Type)	Daniel M. Scolnick, Ph.D.	Date	August 11, 2005		

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